**EXHIBIT "A"** 

Case 3:09-cv-01885-JMM Document 1-2 Filed 09/30/09 Page 2 of 2

Please enter address or insurance changes on back and check this box D. Please detach along dotted line and return this portion with your payment.

71309538 MORRIS ,DEBRA COMMUNITY MED CTR 24-0862246N P.O. BOX 941 SCRANTON, PA. 18501

PLEASE PAY THIS AMOUNT 700.00 AMOUNT PAID

MC/VISA ACCEPTED PL FILL INFO ON BACK ACCOUNT NUMBER AND NAME

71309538 MORRIS , DEBRA

FOR INFORMATION ON ACCOUNT, PLEASE CALL

5709698926

SEND PAYMENT TO

COMMUNITY MED CTR 24-0862246N P.O. BOX 941 SCRANTON, PA.

18501

030609 \*NONE\* 20106

SB: 20 570-222-2691

ADM DT: DSH DT:

FC: PT:

B E 00005457

71309538 ANDREW ROBERT MORRIS 3035 STATE ROUTE 2014 FOREST CITY PA 18421-9626



Account Number:

Patient Name: MORRIS , DEBRA
Service Start: 03/06/09 Service End:
Statement Date: 07/10/09 Last Statement Date:

Page No. 1 03/06/09

05/08/09

QUESTIONS?

Please Call:

5709698926

Contact:

ACCOUNT BALANCE	ESTIMATED INSURANCE DUE	TOTAL PATIENT CREDITS	PLEASE PAY THIS AMOUNT
700.00	.00		700.00

-(1)-

	DESCRIPTION	AMOUNT
03/06/09 03/06/09 03/06/09 03/06/09 03/06/09 03/06/09 03/06/09 03/06/09 03/18/09 03/18/09 03/18/09 05/18/09 06/24/09 06/24/09	PREVIOUS BALANCE  1 ED LEVEL TV 1 URINALYSIS W HICRO 81001 1 URINALYSIS W/O MICRO 81003 1 URINALYSIS W/O MICRO 81003 1 ANKLE 73610 1 CT CHEST W/CONTRAST 71260 1 CT ABD W IV CONTRAST 074160 1 CT PELVIS W IV CONTRAST 21260 1 CT PELVIS W IV CONTRAST 220 50 VISIPAQUE 320 IML/500MQ9967 8C OP COVERED SRV (C BD9 BLUE CROSS BC COVED SVC OP (M) B09 BLUE ERGSS CREDIT CARD PAYMENT 8C OP COVERED SRV (CY) 8C COVRD SVC OP (M)	1,418.00 104.00 62.00 62.00 321.00 1,618.00 2,205.00 1,466.00 2,040.46 5,104.54 75.00 2,040.46 1,340.46 5,104.54 5,104.54

NOTICE: YOUR ACCOUNT IS PAST DUE.
WE WILL IMMEDIATELY EXPECT YOUR PAYMENT IN FULL.
BO9 BLUE CROSS 36 .00